

**NURSING HOME  
ALTERNATIVE USE  
BED BANKING EXTENSION  
NOTICE**

**FOR DEPARTMENT USE ONLY**

*Date Stamp Here*

Fee Received:\_\_\_\_\_ Check #: \_\_\_\_\_

Initials\_\_\_\_\_

The following information will be used to evaluate the conformance of the project with all applicable review criteria contained in Revised Code of Washington (RCW), 70.38.111 Washington Administrative Code (WAC) 246-310-395 and WAC 246-310-580.

---

**Alternate Use Bed Banking Extension notices must be submitted with a fee in accordance with WAC 246-310-990 and the completed invoice on page 2 of this form.**

---

This notice is made for Nursing Home Bed Banking for Alternative Use-Extension in accordance with provisions in RCW 70.38, WAC 246-310-395 and WAC 246-310-580, rules and regulations adopted by the Washington State Department of Health. I hereby certify that the statements made in this notice are correct to the best of my knowledge and belief.

\_\_\_\_\_  
Name of the Nursing Home (facility)

\_\_\_\_\_  
Name of the facility's Licensee

\_\_\_\_\_  
Print Name of person making the request

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Title of person making the request

\_\_\_\_\_  
Relationship to licensee

**I understand that any evasion or suppression of material facts, misrepresentation, false statements or misleading statements regarding any of the information contained in this notice shall be grounds for actions under the provisions of WAC 246-310-500 and forfeiture of the beds.**

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Date

Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Invoice for Submission of Alternate Use Bed Banking Extension Request

1. This form must be accompanied by a check payable to: ***The Department of Health*** for the review fee as identified below.
2. Complete the following prior to submission for review:

REVIEW FEE: \$505 Effective 11/28/03

APPLICANT NAME: \_\_\_\_\_

DATE OF SUBMISSION: \_\_\_\_\_ CHECK NUMBER: \_\_\_\_\_

4. Mail **Original**, signed notice and payment to:

**Department of Health  
Certificate of Need Program  
310 Israel Road SE  
Tumwater, Washington 98501**

**or**

**Department of Health  
Certificate of Need Program  
P O Box 47852  
Olympia, Washington 98504-7852**

## ALTERNATE USE BED BANKING EXTENSION NOTICE REQUIREMENTS

**Bed Banking Extension notices must be submitted a minimum of 90 days prior to the end of the bed banking period with the fee in accordance with WAC 246-310-990**

3. Please complete the table below for the banked beds proposed to be extended. (Attached Additional Pages if necessary).

[illegible]

3

5. Does the building have a secured interest in the nursing home bed rights? \_\_\_\_ Yes \_\_\_\_ No. In the event the existing nursing home licensee is not the building owner, the licensee shall provide:

a) If the building owner has a secured interest in the bed rights, an **original** written statement signed by the building owner indicating the building owner's approval of the bed reduction extension,

**OR**

b) If the building owner does not have a secured interest in the bed rights, a copy of the notice sent to the building owner by the licensee informing the building owner of the planned bed reduction extension.

6. If the purpose of banking the beds was to provide an alternate service(s), please identify the date the alternate service was implemented.

7. If the alternate service has not been implemented, please explain in detail what steps have been taken toward implementing the alternate service(s).

8. If the answer to question 7 is nothing or nothing currently, please explain why.

9. If the answer to question 7 is nothing or nothing currently, please explain why the department should grant the extension request when the alternate service has not been implemented.

**By submitting this extension request, I understand that the Certificate of Need statute permits only one extension. At the end of any approved extension timeline, I must either re-license the beds for patient care within the same nursing facility or relinquish the beds.**